# Department of Industrial Accidents Retrospective Review Procedure - No Additional Medical/Clinical Information Required

## 1<sup>st</sup> Business Day of Request

Retrospective review is a medical record review of treatment that has already been rendered. This procedure shall not be used for medical bill review.

UR staff enters demographic information and forward medical information for review to licensed UR reviewer. UR Introductory letter and ID card are mailed.

If agent is not responsible for sending ID card - agent must reference card in introductory letter and instruct IW to call agent if card is not received.

# 1<sup>st</sup> Business Day of Request

Licensed UR reviewer begins review of clinical information.

Documents type, category, and date of request in UR case notes.

If additional clinical information needed, follow procedure for request of additional clinical information.

If no additional clinical information required, reviewer procedures with Retrospective review to determine medical necessity and appropriateness of condition, and requested procedure(s) and/or treatment(s).

#### **HCSB Treatment Guideline Review**

Licensed UR reviewer continues review medical information comparing condition and corresponding procedure(s)/treatment requested with HCSB treatment guideline/review criteria.

#### **Approval - HCSB Treatment Guideline Applies**

Licensed UR reviewer determines HCSB treatment guideline/criteria apply to condition under review and approves request. Approval letter sent to OP/IW within ten days of determination. Approval Letter includes guideline and clinical rationale. Date of request, category, and type of review documented in UR case Notes.

## **NO HCSB Treatment Guideline Applies**

Licensed UR reviewer determines **no** HCSB Treatment Guideline/Criteria applies and moves to review of secondary sources.

## **HCSB Treatment Guideline Applies- UR Reviewer Unable to Approve**

Licensed UR reviewer determines HCSB treatment guideline/criteria applies, but reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review, by next business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.

## **Secondary Source Treatment Guideline Review**

Licensed UR reviewer continues review medical information comparing condition and corresponding procedure(s)/treatment requested with secondary source treatment guideline/review criteria.

## Approval - Secondary Source Treatment Guideline/Criteria Applies

Licensed UR reviewer determines secondary source treatment guideline/criteria apply to condition under review and approves request. Approval letter sent to OP/IW within ten days of determination. Approval Letter includes guideline and clinical rationale. Date of request, category and type of review documented in UR case notes.

# NO Secondary Source Treatment Guideline/Criteria Applies

Licensed UR reviewer determines **no** secondary source Treatment Guideline/Criteria applies. Licensed UR reviewer contacts supervisor and moves **to Internal Guideline development and review procedure.** 

# Secondary Source Treatment Guideline/Criteria Applies - UR Reviewer Unable to Approve

Licensed UR reviewer determines secondary source treatment guideline/criteria applies, but reviewer is unable to approve request. Licensed UR reviewer forwards request for school-to-school review by next business day. Date of request for school-to-school review and clinical concerns of licensed UR reviewer must be documented in UR case notes.

#### School-To-School Review

## **Approval**

Within five (5) days school-to-school reviewer conducts clinical review and renders approval. Approval Letter sent within ten days of determination. Approval Letter includes treatment guideline/criteria and clinical rationale. Date of request and clinical rationale must be documented in UR case notes.

#### **Request for Additional Medical Information**

By next business day school-to-school reviewer determines additional medical information is required to conduct review. School-to-school reviewer follows procedure for Request of Additional Medical Information.

#### **Adverse Determination**

Within five (5) days school-to-school reviewer issues AD. AD Letter sent within ten days of adverse determination. AD Letter includes guideline/criteria, clinical rationale, and appeal procedure. Date of request, type of review, and clinical rationale documented in UR case notes.